

**MASSACHUSETTS DEPARTMENT OF REVENUE**  
**REVENUE ENFORCEMENT AND PROTECTION ATTESTATION**  
**(REAP)**

I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, If Applicable)

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\*\* Social Security Number (voluntary) or Federal Identification Number

\*Licenses or permits will not be issued unless this certification clause is signed by the applicant.

\*\* Will be furnished to the MA Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, § 49A.